



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 15/02/2023

Closing Date: 22/02/2023

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Ceza / Thulasizwe Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Central Supply Chain Management

**Place where goods/
service is required:** Ceza-Thulasizwe Hospital

Date Submitted: 15/02/2023

ITEM CATEGORY AND DETAILS

Quotation number: CAH-THU/349/22/23

Item Category: Goods

Item Description : Supply and deliver Stationery at Ceza Hospita

Quantity (if supplies): ITEM

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date: N/A

Time: N/A

Venue: N/A

QUOTES MUST BE COLLECTED FROM: KZN HEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO: Ceza Hospital Tender Box next to Ceza Hospital Main Gate

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Ms N.P. B UTHELEZI

Email: - **Contact number:** 072 424 1037

Finance Manager Name: Mr S.F. Mdlalose

Finance Manager Signature

DESCRIPTION: SUPPLY AND DELIVER STATIONERY AT CEZA HOSPITAL

SIGNATURE OF BIDDER DATE.....
 [By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
	1500	Supply and Deliver adult male patient record				
	60	Supply and deliver tick register -PHC-2022				
	50	Supply and deliver Book Log GOV				
	50	Supply and deliver referral letter (250 per PKT)				
	50	Supply and deliver requisition for supplies				
	1530	Supply and deliver Road to health chart (Boys and Girls)				
	180PKT	Supply and deliver record cover 100 per pkt				
	50	Supply and deliver family planning card (250 per PKT)				
	50	Supply and deliver outpatient card yellow folders (250 per PKT)				
	100	Card Prescription repeat (250 per PKT)				
		NB:Due to load-shading kindly send your documents before the closing date and failure to do so will be disqualified.				
		*An awarded company will be requested to provide sample.				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification? Is The Price Firm?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification? State Delivery Period, e.g., 1day, 1week
----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------

Enquiries regarding the quote may be directed to: Contact Person: N.P. BUTHELEZI Tel: 072 424 1037 E-Mail Address: cezahospitalquotations@gmail.com	Enquiries regarding technical information may be directed to: Contact Person: H.M MDLALOSE Tel: 072 424 1037
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CEZA/THULASIZWE HOSPITAL
 - SCM -
 2023 -02- 15
 PRIVATE BAG X200
 CEZA 3866

GENERAL CONDITIONS OF CONTRACT

GCC

1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
 - (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
 - (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfil their obligation.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
 - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
 - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
 - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting take place
- (ii) Date ____/____/____ Time ____:____ Place _____

Institution Stamp:	Institution Site Inspection / briefing session Official
	Full Name:
	Signature:
	Date:

8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, *it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.*
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, *the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.*

11. TAX INVOICE

11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- | | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| (i) the name, address and registration number of the supplier; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (vi) the value of the supply, the amount of tax charged; |
| | (vii) the words tax invoice in a prominent place. |

12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

SBD 6.1

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to all quotes:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

1.3 Points for this quote shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

- P_s = Points scored for price of bid under consideration
- P_t = Price of bid under consideration
- P_{min} = price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.)

7. SUB-CONTRACTING
(applicable box)

(Tick

YES		NO	
-----	--	----	--

7.1 Will any portion of the contract be sub-contracted?

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

YES		NO	
-----	--	----	--

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. DECLARATION WITH REGARD TO COMPANY/FIRM

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....

9.6 COMPANY CLASSIFICATION [TICK APPLICABLE BOX]

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

WITNESSES

1.

2.

.....

SIGNATURE(S) OF BIDDERS(S)

DATE:

ADDRESS.....

.....

.....



COMPLAINTS PROCESS FOR QUOTATIONS R2 000.00 TO R500 000.00 INCLUDING V.A.T

1. Supplier Submits Written Complaint / Objection

- Bidders aggrieved by decisions or actions taken by the Department or Institution during the SCM procurement process, must lodge a written complaint **immediately**.
- Complaints lodged two (2) or more days after the award will not be entertained.
- Complaints must be directed to the Responsibility Manager of the institution (Hospital or CHC) and District Finance Manager for District Offices.
- **It must be noted that this is not an appeals process and as such will not halt the procurement process.**

2. Institution Prepares Written Response to Complaint

- The Responsibility Manager, or his appointee, must prepare a response letter to the complainant.
- The complaint must be resolved within **60 days**.
- Should the complainant not be satisfied with the response, the matter will be referred to the District Finance Manager (applicable to all Hospitals and CHC) or District Manager (Applicable to all District Offices) for a final verdict.
- Should the complainant still not be satisfied with the response received, they may then seek legal recourse at their own expense.

Complaints or objections should be directed to:

Responsibility Manager: **Mr S.F. Mdlalose**

Email Address: **cezahospitalquotations@gmail.com**

Patient File Number:

H222

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ID/Passport Number:

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HPRS LABEL



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ADULT MALE PATIENT HEALTH RECORD PRIMARY HEALTH CARE

Name: _____

Surname: _____

Facility Name: _____

Facility unique number: _____

Disclaimer: This patient record is the property of the Department of Health for use only by the health facility. It contains information that is confidential and protected from disclosure.

DO NOT REMOVE from the premises of this health facility.

Possession of this health record without prior authorisation by the Department of Health is strictly prohibited.

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PATIENT PROFILE - FIRST VISIT

To be completed at first visit

Social History (Please Tick)

Type of employment	Unemployed	Self-employed	Formally employed
Living conditions	Informal dwelling	Formal house	Hostel
	Owner	Tenant	Other institutions (specify)
	Piped water inside dwelling	Piped water outside dwelling	Number in household
	Borehole	Rain water	Communal tap
	Flushing toilet in house	Flushing toilet outside house	Rain/stream water
	VIP toilet	Bucket system	Pit toilet
Cooking method	Electricity	Gas	None
Social assistance	Disability grant	Child support grant	Paraffin
		Foster care grant	Coal
		Pension	Firewood

Lifestyle Risk Factors (Please Tick)

Alcohol	(If Yes)	Type	Quantity	Frequency
Smoking/tobacco	(If Yes)	Year started	Quantity	Frequency
Other substances	Specify		Frequency	
Physical activity	Walk	Run	Active sport	
Healthy eating	Do you have enough food in your home?	Do you eat a heaped plate of food?	Do you eat food high in Salt?	Do you eat food high in Sugar?
			Do you eat food high in Fat?	
Sexual behavior	Number of current partners			
	Have you had multiple partners in the past six months?			
	Do you protect yourself and your partner every time you have sex?			

Family History (Please Tick)

Heart Disease Hypertension Diabetes
 TB Mental Health Cancer; if yes, specify _____
 Other; specify _____

Known Chronic Health Conditions

Condition	Year diagnosed	Current medication/treatment
HIV		
TB		
Hypertension		
Ischaemic heart disease		
Diabetes		
Asthma/ COPD		
Mental health		
Epilepsy		
Rheumatic heart disease		
Physical disability; e.g. blindness, limited mobility, etc.		
Chemotherapy		
Liver disease		
Kidney disease		
Other; specify		
Date completed		

PATIENT PROFILE - ANNUAL REVIEW

Update as relevant

Factors (Please Tick)

<input type="checkbox"/>	<input type="checkbox"/>	(If Yes)	Type	Quantity	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	(If Yes)	Year started	Frequency	
<input type="checkbox"/>	<input type="checkbox"/>	Specify			
Walk			Run		Active sport
Do you have enough food in your home?	<input type="checkbox"/>	<input type="checkbox"/>	Do you eat a heaped plate of food?	Do you eat food high in	Salt?
				Do you eat food high in	Fat?
			Do you eat food high in	Sugar?	<input type="checkbox"/>
Number of current partners					
Have you had multiple partners in the past six months?					
Do you protect yourself and your partner every time you have sex?					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factors (Please Tick)

<input type="checkbox"/>	<input type="checkbox"/>	(If Yes)	Type	Quantity	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	(If Yes)	Year started	Frequency	
<input type="checkbox"/>	<input type="checkbox"/>	Specify			
Walk			Run		Active sport
Do you have enough food in your home?	<input type="checkbox"/>	<input type="checkbox"/>	Do you eat a heaped plate of food?	Do you eat food high in	Salt?
				Do you eat food high in	Fat?
			Do you eat food high in	Sugar?	<input type="checkbox"/>
Number of current partners					
Have you had multiple partners in the past six months?					
Do you protect yourself and your partner every time you have sex?					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factors (Please Tick)

<input type="checkbox"/>	<input type="checkbox"/>	(If Yes)	Type	Quantity	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	(If Yes)	Year started	Frequency	
<input type="checkbox"/>	<input type="checkbox"/>	Specify			
Walk			Run		Active sport
Do you have enough food in your home?	<input type="checkbox"/>	<input type="checkbox"/>	Do you eat a heaped plate of food?	Do you eat food high in	Salt?
				Do you eat food high in	Fat?
			Do you eat food high in	Sugar?	<input type="checkbox"/>
Number of current partners					
Have you had multiple partners in the past six months?					
Do you protect yourself and your partner every time you have sex?					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REG. NO.

KWAZULU-NATAL DEPARTMENT OF HEALTH



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

PHC COMPREHENSIVE TICK REGISTER

NATIONAL AND PROVINCIAL DATA ELEMENTS

VERSION 1.0 OF 2022

PROVINCE:

FACILITY NAME:

FACILITY UNIQUE IDENTIFIER:

START DATE:

END DATE:

PHC COMPREHENSIVE TICK REGISTER

IndGroup	Data Element Name	Definition	Definition_Extended	Use and Context	Inclusions	Exclusions
Management PHC	PHC client seen by professional nurse	A PHC client of any age consulted and/or treated by a professional nurse (PN) for a Primary Health Care service	Any client seen by a Professional nurse should be counted. Each client is counted every time they are seen by a Professional Nurse, even if a client is seen by more than one PN per day or client visit facility more than once per day and seen by a PN	Monitor PHC workload	INCLUDE clients seen for preventative, promotive and curative services; INCLUDE clients seen by PN that issue CCMDDD medication at facility that is also a CCMDDD site	EXCLUDE telephonic consultations with clients; EXCLUDE clients seen by other categories of staff
Management PHC	PHC client seen by (public) doctor	A PHC client consulted and/or treated by a doctor employed in the public sector to render general clinical services	This data element should be collected in all PHC facilities with full time doctors. Clients might originally be seen by a professional nurse for a PHC service or may be seen directly by the doctor; Each client is counted every time they are seen by a doctor, even if a client is seen by more than one doctor per day or client visit facility more than once per day and seen by a doctor; ONLY clients seen for preventative, promotive and curative must be counted	Monitoring of services rendered by public full time doctors to consult PHC clients in public health facilities in accordance with the HIH objectives to increase doctor coverage	INCLUDE patient seen for renewal of prescriptions	EXCLUDE any facility that does not have Full Time doctors
Management PHC	PHC client seen by (sessional) doctor	A PHC client of any age consulted and/or treated by a doctor employed sessional in the public sector to render general clinical services	This data element should be collected in all PHC facilities with sessional doctors. Clients might originally be seen by a professional nurse for a PHC service or may be seen directly by the doctor; Each client is counted every time they are seen by a sessional doctor, even if a client is seen by more than one doctor per day or client visit facility more than once per day and seen by a doctor; ONLY clients seen for preventative, promotive and curative must be counted	Monitoring of services rendered by sessional doctors to consult PHC clients in public health facilities in accordance with the HIH objectives to increase doctor coverage	INCLUDE patient seen for renewal of prescriptions	EXCLUDE any facility that does not have sessional doctors
EPI	BCG dose	BCG (tuberculosis) vaccine given to a child under one year of age at birth. The cut-off age is under 12 months	All babies/infants receiving BCG should be counted, including babies coming to clinics after home deliveries and babies/infants who receive their BCG later than usual due to e.g. temporary shortages of vaccine. BCG should still be given to HIV exposed children. Tuberculosis (TB) is a mycobacterial disease caused by Mycobacterium tuberculosis and is a major cause of disability and death in many parts of the world. Do not give BCG vaccine to children who are sick with AIDS and other immune suppressing conditions. Do not give BCG to a new-born if the mother is on anti-TB drugs. Do not give BCG to a child who is older than 12 months. For Hospitals: BCG dose under 1 year should be in line with number of live births in the facility	Monitors the Expanded Programme on Immunisation policy	INCLUDE BBAs if they are given BCG	None
	OPV 0 dose under 1 year	Oral polio Vaccine 0 dose given to a child under 1 year at birth. The cut-off age is 10 weeks	Opv is given to children at birth and 6 weeks. OPV0 is given together with BCG at birth	Monitors protection of children against Polio.	INCLUDE BBAs if they are given BCG	EXCLUDE vaccines given as part of a national mass vaccination campaign
	DTaP-IPV-Hib-HBV (Hexavalent) 1st dose	DTaP-IPV-Hib-HBV (also known as Hexavalent) 1st dose vaccination given to a child under one year at 6 weeks after birth. The cut-off age is under 12 months.	The numerator includes children under one year receiving their 1st dose of Hexavalent. DTaP-IPV-Hib-HBV 1st dose is given together with OPV, PCV and RV. DTaP-IPV-Hib-HBV is given to children at 6, 10 and 14 weeks and at 18 months	Monitors the Expanded Programme on Immunisation policy	None	EXCLUDE vaccines given as part of a national mass vaccination campaign

Provincial Indicator Data Set 2022/23.: Primary Health Care, OPD and Casualty

Programme	Data Element	Definition
ART	ART child 1-5 years naive started on ART this month	Children 1 to under 5 years ART naive who started treatment during this quarter. Naive clients are the sum of the following: - Clients never been exposed to ART for more than 30 days in total - This also includes clients initiated on life-long triple therapy ART from the: - PEP programme
ART	ART child under 1 year naive started on ART this month	Children under 1 year ART naive who started life-long treatment during this quarter. Naive clients are the sum of the following: - Clients never been exposed to ART for more than 30 days in total - This also includes clients initiated on life-long triple therapy ART from the: - PEP programme
CCMDD	CCMDD client collecting medicine parcel from contracted external PUPs -PIDS	Central Chronic Medicines Dispensing and Distribution (CCMDD) clients who opted to collect their patient medicine parcels from CCMDD contracted external Pick up Points (PUP) NB: Include: External Pick up Points include all pick up points contracted by the National Department of Health, with an active contract to provide Pick up Point services for CCMDD. This includes all compensated and non remunerated contracts. Exclude: Clients collecting at any Pick up Point not contracted by the National Department of Health. - Clients collecting from Internal Pick up Points (Internal pick up points include Adherence clubs, out reach PUPs, Community outreach, CCMDD lanes in facility, WBPHCOT where parcels are delivered to facilities (parcels delivered to patients) - If unique Identification (SA IDENTITY, PASSPORT, Asylum seeker number) not available
CDC	Worms (Helminthic) case	A condition caused by parasitic worms that produce a wide range of symptoms including intestinal manifestations (Diarrhoea, abdominal pain) general malaise and weakness.
Child Health	Child under 5 years weighed	A child under 5 years of age weighed and the weight plotted onto the Road to Health Card/Booklet, the patient folder and a relevant register for the first time this month.
Chronic	Obesity BMI >30 - new	The total number of clients diagnosed with Obesity (Body mass index greater than 30) and put on the programme for the first time
Chronic	Diabetes visit by clients on treatment	Every visit for routine care by all clients on treatment for diabetes.
Chronic	Client under 18 years screened for Hypertension	Client under 18 years not currently on hypertension treatment that were screened for hypertension. Clients are screened according to the Algorithm for Diabetes Screening contained in the Standard Operating Procedure (SOP) for Screening of Hypertension and Diabetes.
Chronic	Client under 18 years screened for Diabetes	Client under 18 years not currently on diabetes treatment that were screened for diabetes. Clients are screened according to the Algorithm for Diabetes Screening contained in the Standard Operating Procedure (SOP) for Screening of Hypertension and Diabetes.
Chronic	Diabetes client under 18 years new	Client below 18 years of age, who is newly diagnosed with diabetes in the facility.
Chronic	Diabetes client with HB1c conducted	The number of Diabetic client with Haemoglobin A1c tests conducted. The test is used to indicate whether diabetes is controlled.
Chronic	Diabetes client with HB1c <7	The number of clients with Haemoglobin A1c (HbA1c) <7, which indicates that diabetes is controlled.
Chronic	Hypertension visit by clients on treatment	The number of clients on treatment for hypertension
Chronic	Hypertension client with controlled BP	Every visit for routine care by all clients on treatment for hypertension
Disability and Rehabilitation	Other Assistive devices issued to eligible clients	The number of clients with Blood Pressure of 140/90 mmHg and below, which indicates that hypertension is controlled on treatment. Assistive devices viz: Whites canes, ADL devices, communication devices issued, and Walking Aids to a client that has been found eligible after assessment by a Therapist/practitioner. Exclude: wheelchairs, buggies, hearing aids, motorised wheelchairs.
Disability and Rehabilitation	Clients seen by Physiotherapists	All clients seen by Physiotherapist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base.

Disability and Rehabilitation	Clients seen by Occupational Therapists	All clients seen by Occupational Therapist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base.
Disability and Rehabilitation	Clients seen by Speech Therapists	All clients seen by Speech Therapist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base.
Disability and Rehabilitation	Clients seen by Audiologists	All clients seen by Audiologist for rehabilitation services at all levels of care. This includes clients seen during Community outreach who should be recorded at base.
HIV	Female condoms distributed in facility	Female condoms from the stock of the Facility placed at distribution point in facility. Count the condoms per box once they leave the store of the Facility (bin card)
HIV	Male condoms distributed in facility	Male condoms from the stock of the Facility placed at distribution point in facility. Count the condoms per box once they leave the store of the Facility (bin card)
Hospital services	Theatre cases total	Total theatre operations that were conducted for the reporting month
Hospital services	Ultrasound done	Number of Ultrasounds done at the hospital for the reporting month
Hospital services	X - Ray done	Number of X-rays done. One patient can have more than one X-ray.
HTS	Client pre-test counselled for HIV (excluding antenatal)	All clients that have been pre-test counselled for HIV/AIDS and then offered testing. This excludes antenatal clients.
HTS	Client tested for HIV (excluding antenatal) - Female positive	Any female client aged tested positive for HIV excluding antenatal clients
HTS	Client tested for HIV - (excluding antenatal) - Female	Any female client tested for HIV excluding antenatal clients
HTS	Client tested for HIV - Male	Any male client tested for HIV.
HTS	Client tested for HIV - Male positive	Any male client aged tested positive for HIV.
Maternal Health	Infant postnatal visit within 6 days after delivery	Post natal check of a baby in a facility, within 6 days after delivery. Count only the first visit after birth.
Maternal Health	Assisted vaginal Deliveries in facility	An assisted delivery in facility is a vaginal delivery using an instrument, including forceps, rotations, and vacuum extractions, taking place in a health facility under the supervision of trained medical staff.
Maternal Health	Antenatal visit 10-19 years	Women who are under the age of 19 years who have a booking visit for ANC. This should include follow up visits.
Maternal Health	Pregnant women vaccinated for COVID 19 at ANC 1st visit	The number of pregnant women who have received at least the 1st dose of COVID 19 vaccination when coming for their ANC 1st visit. NB: Where JnJ: 1st dose is documented on the vaccine card OR Pfizer: At least 1 dose is documented on the vaccination card NB: Client should produce their manual vaccination card or an electronic vaccination certificate
Maternal Health	Deliveries (mothers) who received COVID-19 vaccination	Proportion of Deliveries who have received at least the 1st dose of Covid-19 vaccination at time of delivery NB: Where JnJ: 1st dose is documented on the vaccine card OR Pfizer: At least 1st Pfizer dose is documented on the vaccination card NB: Client should produce their manual vaccination card or an electronic vaccination certificate
Mental Health	Client screened for mental health and substance abuse disorders - 18 years and older	Client aged 18 years and older, screened for symptoms of mental illness and Substance use Disorders. Only count patients screened for listed mental and substance abuse disorders. Screen routine and systematic use of Mental Health screening tools.



Quote Number: _____

Item Description: TICK REGISTER - P1+C-2023

Department/Section: SCM

Purpose of Item: STOCK

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / No:

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? YES / NO NO
if Yes, specify: Date 08/02/2023 Time 08:00 Place CERN HOSPITAL

1.3. Is local production and content part of the quote? Yes / No

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No

if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / No

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Tick Register A2 (520 x 297)	
2. 300 pages	
3. Text black throughout	
4. 75 GSM white board	
5. Blinding Buckram, colate & staple	
6. Hand numbering	
7. Cover 250 GSM glass	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 12:00 Place CERN HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. Yes or No NO

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>HLENGIWE Madala</u>	Name of SCM Rep (in full)	<u>Zesulwe</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN Dir</u>	Designation / Rank (in full)	<u>S.C.C.</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>

THE TOP TEN RULES

For Drivers of this Vehicle

F167826 - F167850

1. You must be on official business.
2. You must be authorised.
3. You must possess a valid driver's licence.
4. You must have a Trip Authority.
5. You must have a vehicle itinerary.
6. You must have a Westbank First Auto Card.
7. You must check the vehicles roadworthiness.
8. You must not transport private passengers.
9. You must not transport private property.
10. You must drive in a responsible manner.

INSTRUKSIES/INSTRUCTIONS

1. Voltlooi 24-09701 TV 6/6 vorm in viervoud.
Complete 24-09701 TV 6/6 form in quadruple.
2. Voor englike inskrywings gemaak word, moet die agterste harde omslag na die stel wat gebruik moet word ingevou word om reproduksie op die daaropvolgende stalle te voorkom.
Before making any entries, fold the back hard cover in after the set to be used to prevent reproduction on the following sets.
3. Die log moet daaglik deur die amptenaar wat die voertuig gebruik, voltooi word.
The log must be completed daily by the officer using the vehicle.
4. Sodra geen ruimte vir verdere inskrywings in die loggedeelte beskikbaar is nie moet die rekwisisie voltooi word vir die tydperk wat deur die log gedek word. Die totale afstand afgeleë volgens die log moet ooreensiem met die aangeleë op die rekwisisie. In sommige gevalle sal twee of meer rekwisisies dus nodig wees om 'n tydperk van een maand te dek.
Immediately no more space is available for further entries in the log portion the requisition must be completed for the period covered by the log. The total distance travelled according to the log must correspond with that shown on the requisition. In some cases two or more requisitions will therefore be required to cover a period of one month.
5. Die rekwisisie(s) moet stipstelsel op die einde van elke maand aan die Provinsiale Vervoersone vanwaar die voertuig afkomstig is, gestuur word. Indien die voertuig, of dit aflos, tydelik of permanent toegeken is aan die Provinsiale Vervoersone terugbesorg word, moet die rekwisisie eger onmiddellik voltooi en terselfdertyd aan die Provinsiale Vervoersone besorg word.
The requisition(s) must be submitted promptly to the Provincial Transport Zone of origin of the vehicle at the end of each month. If the vehicle, whether allocated as relief, permanently or temporary is returned to the Provincial Zone the requisition must be completed immediately and submitted to the Provincial Transport Zone at the same time.
6. Die oorspronklike (wit) en duplikaat (geel) moet aan die Provinsiale Vervoersone besorg word. Die triprikaat (blou) moet aangewend word vir verpligting doeleindes deur departemente wat op die doelwitbegrotingsstelsel werk. Die vierde afskrif (groen) wat nie gepeperforeer is nie, moet in die boek gelaat word as 'n rekord.
The original (white) and duplicate copy (yellow) of the requisition must be submitted to the Provincial Transport Zone. The triplicate copy (blue) must be utilised for commitment purposes by departments operating on the system of objective budgeting. The fourth copy (green) must be left in the book as a record.
7. Dien 'n nul opgawe in indien 'n voertuig nie gedurende 'n maand gebruik was nie en dui daarop die rede aan waarom die voertuig nie gebruik was nie.
Submit a nil return if a vehicle was not used during a month and indicate thereon the reason why the vehicle was not used.
8. Aansoeke om 24-09701 TV 6/6-boeke moet vroegtydig aan die Provinsiale Vervoersone vanwaar die voertuig afkomstig is, gerg word.
Requests for 24-09701 TV 6/6 books must be submitted timeously to the Provincial Transport Zone of origin of the vehicle.



Quote Number: _____

Item Description: Book Log Gov

Department/Section: Scm Purpose of Item: Stock

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / No:

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? ~~Yes~~ / No

if Yes, specify: Date ____/____/____ Time ____:____ Place NO

1.3. Is local production and content part of the quote? Yes / ~~No~~

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? ~~Yes~~ / No

if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? ~~Yes~~ / No NO

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>BOOKS, LOG GOVERNMENT OWNED VEHICLE</u>	
<u>25 sets of 4 leaves printed on the side only: 100 leaves per book</u>	
<u>Size 210 mm x 297 mm</u>	
<u>Original: White NCR CB printed in black Perforated</u>	
<u>Duplicate: White NCR CFB printed in yellow and black ink perforated</u>	
<u>Quadruplicate white NCR of printed in light green and black</u>	
<u>INK - firm number 4 in quadruplicate in red ink</u>	
<u>Covers: Green Tola 200 G 5m (mul funded)</u>	
<u>Printed both side in black ink per front cover</u>	
<u>Must indicate contents CPS ten numbers and Serial numbering</u>	
<u>Black Cover 20mm x 562mm - s Sealed 200 form firstly</u>	
<u>Shield Printed on both side in black ink</u>	
<u>Stapled 4 in the 32 mm binding margin</u>	
<u>all numbering to be supplied by CPS</u>	
<u>Front Cover label printed to show content and ten number</u>	
<u>All printing of a fee must be in English language only</u>	
<u>Attaching 50 BOOKS per books</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 5u:00 Place Coza Hospital

or

3.2. Specify that samples must be made available when requested in writing. Yes or No NO

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>Mlenhwe Mdlatosi</u>	Name of SCM Rep (in full)	<u>Zesulwe</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN CLERK</u>	Designation/ Rank (in full)	<u>S.C.C</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/03/2023</u>	Date	<u>08/02/2023</u>



PATIENT REFERRAL LETTER

1. Patient Details										
Surname					Address					
First Names										
I.D. Number										
Age			Gender		M		F			
Facility where patient normally goes for medical care					Hospital		CHC		Clinic	
2. Referring Institution Details										
Institution					District	Regional	Tertiary	CHC	PHC	
Telephone Number					Patient Number					
Fax Number										
2.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
2.2 Reason for Referral										
2.3 Current Management (attach details if necessary)										
3 Referring Institution Details										
Institution					District	Regional	Tertiary	Other		
Telephone Number					Patient Number					
Fax Number										
3.1 Referring Practitioner Details (please print)										
Name					Department					
Date					Signature					
3.2 Investigations & Treatments (attach details if necessary)										
3.3 Diagnosis										
4 Practitioner's Report from the Referral Institution										
Patient to be seen again at referral institution				YES		NO		Date of next visit		
4.1 Patient requires the following medication										
Detail the Item			Strength		Directions		Quantity		Duration	
1.										
2.										
3.										
4.										
5.										
4.2 Details of ongoing management / other therapy required										
5 Use Pharmacy at Referring Institution been advised?								YES		NO

COPY 1: ORIGINAL COPY 2: PATIENT'S FILE - REFERRAL INSTITUTION COPY 3: PHARMACY FILE REFERRAL INSTITUTION COPY 4: REFERRAL FILE-REFERRAL INSTITUTION



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: PATIENT REFERRAL LETTER (250 per PKT)

Department/Section: SEM

Purpose of Item: STOCK

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / ~~No~~

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? Yes / ~~No~~

if Yes, specify: Date 08/02/2023 Time 8h:00 Place CEZA HOSPITAL

1.3. Is local production and content part of the quote? Yes / ~~NO~~

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No

if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / ~~No~~

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>SETS PATIENTS REFERRAL LETTER</u>	
1. <u>EACH SET TO CONSIST OF LEVELS GUMMED</u>	
2. <u>ACROSS THE TOPS.</u>	
3. <u>SIZE: 297MM X 210MM</u>	
4. <u>ORIGINAL: WHITE NCR: CB PERFORMANCE</u>	
5. <u>DUPLICATE: WHITE NCR CFB PERFORATED (MIL LINED)</u>	
6.	
7. <u>TRIPLICATE: BLUE CFB PERFORATED (MIL LINED)</u>	
8.	
9. <u>QUADRUPPLICATE: YELLOW NCR PAPER CFB FIRM (MIL LINED) FORM</u>	
10. <u>GUIDELINE FOR USE. ONE FROM PER PACKET. PRINTED IN BLACK INK</u>	
11. <u>ON WHITE 60 GSM ON SIDE ONLY</u>	
12. <u>PACK AND LABEL 2, 0 SET OF REFERRAL LETTER AND 1 FORM GUIDELINE</u>	
13. <u>FOR USE PER PACKET.</u>	
14. <u>ALL ITEMS TO BE BOXED</u>	
15.	
16. <u>PACKING 50 BOXED X 250 UNITS</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 8h:00 Place CEZA HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>HENGWE Mdlalosi</u>	Name of SCM Rep (in full)	<u>Zesulwe</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN MGR</u>	Designation / Rank (in full)	<u>S.C.C.</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>



KZN DEPARTMENT OF HEALTH

REQUISITION FOR SUPPLIES

No.: E. **294401** To E. **294450**

Cat No.: 26-08122/O.No.: B0284867/06.10/Popspint 031 3013291



Quote Number: _____

Item Description: REQUISITION FOR SUPPLIER

Department/Section: SCM

Purpose of Item: STOCK

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / No: No

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? Yes / No

if Yes, specify: Date 08/02/2023 Time 08:00 Place CEZA HOSPITAL

1.3. Is local production and content part of the quote? Yes / No

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No

if Yes, specify: BBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / No NO

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>BOOKS REQUISITION FOR SUPPLIERS</u>	
<u>50 SET OF 3 LEAVES PRINTED ONE SIDE ONLY IN BLACK INK.</u>	
1. <u>EACH BOOK LIC 150 LEAVES PER BOOK.</u>	
2. <u>ACCURATE REGISTRATION IS ESSENTIAL</u>	
3. <u>SIZE 297 x 210mm</u>	
4. <u>ORIGINAL YELLOW NCR LB PERFORATED</u>	
5. <u>DUPLICATED BLUE NCR CPB PERFORATED (MULTI TUNDED)</u>	
6. <u>TRIPPLICATE PINK NCR CPB (MULTI TUNDED)</u>	
7. <u>NUMBERED IN TRIPPLICATE</u>	
8. <u>COVER: BLUFF TONER 240 GSM (MULTI WIRE STAPED 4 IN THE</u>	
9. <u>14mm BINDING MARGINS.</u>	
10. <u>BITCH COVER SIZE 297mm x 420mm SCORE 2 TO FORM 9 W/ HING</u>	
11. <u>FRONT COVER: INSTRUCTION PRINTED ON THE INSIDE FRONT COVER LABEL</u>	
12. <u>TO SHOW CONTENTS CAT NO AND SERIAL NUMBERING</u>	
13. <u>ALL NUMBERING TO BE SUPPLIED CPS.</u>	
14. <u>FRONT COVER LABEL PRINTED TO SHOW CORTED AND TEN NUMBERS</u>	
15. <u>ALL PRINTING ON FILE MUST BE IN THE ENGLISH LANGUAGE ONLY</u>	
16. <u>PRECEDING 50 BOOKS PER BOX</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 08:00 Place CEZA HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. Yes or No NO

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>HLENGWU Mdalo</u>	Name of SCM Rep (in full)	<u>Zesulwe</u>
Designation / Rank (in full)	<u>CLERK SUPPLY CLM</u>	Designation / Rank (in full)	<u>S.C.C.</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>

Danger signs!

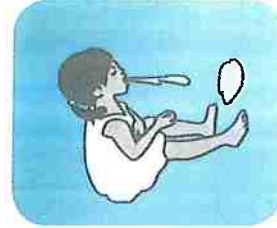
Take your child to the nearest clinic if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



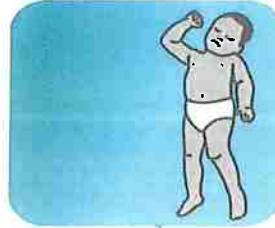
Child has diarrhoea, sunken eyes, and a sunken fontanelle



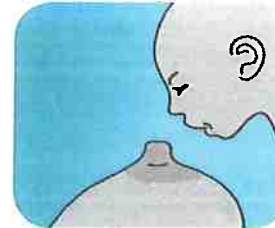
Child is shaking (convulsions)



Child has signs of malnutrition (swollen ankles and feet)



Child is not moving or does not wake up



You are unable to breastfeed

Road to Health

IMPORTANT: Always bring this book when you visit any clinic, doctor, or hospital.



Nutrition



Love



Protection



Healthcare



Extra Care



COVER PAGE

Child's name:

Date of birth:

Gender:



health

Department of Health

REPUBLIC OF SOUTH AFRICA



Clinic Visits

Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 - 6 days												
6 weeks												
10 weeks												
14 weeks												
4 months												
5 months												
6 months												
7 months												
8 months												
9 months												
10 months												
11 months												
12 months												
14 months												
16 months												
18 months												
20 months												
22 months												
2 years												
2 and a half years												
3 years												

Danger signs!

Take your child to the nearest clinic if you see any of the following.



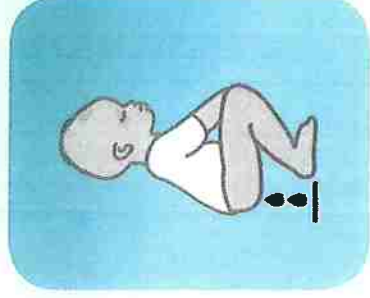
Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



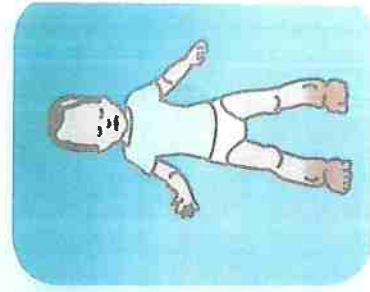
Child is vomiting everything



Child has diarrhoea (sunken eyes, and a sunken fontanelle)



Child is shaking (convulsions)



Child has signs of malnutrition (swollen ankles and feet)

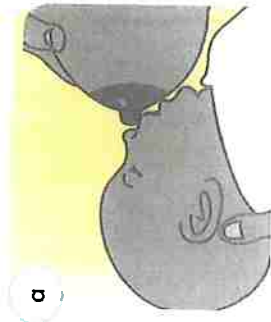
1. Good nutrition to grow and be healthy

Your child needs the right foods to be healthy and grow well. Ask the health worker if your child is growing well and tell them if you are worried about anything.

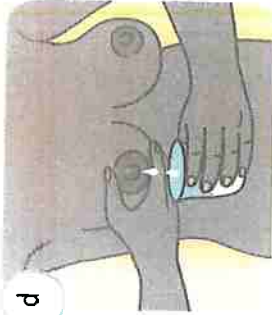
Birth to 6 months

- Breastfeeding is the best way to feed your baby. It is the ideal food for your baby to grow, develop and be healthy.
- Give your baby **ONLY** breast milk for the first six months of life. Do not give porridge, water or any other liquids. Do not give any other home or traditional medicines or remedies.
- **Only give your baby medicines they receive** from the clinic or hospital.
- Breastfeed as often as your baby wants, both day and night.
- Breastfeed your baby at least 8 times in 24 hours. The more your baby feeds the more milk you will produce. Almost all mothers will produce enough milk for their baby not to need anything else for the first six months.
- You can express breastmilk for other carers to give to your baby while you are away. They should use a clean cup, rather than a bottle. Store expressed breastmilk in a clean glass or plastic cup with a lid. Defrost in a fridge or at room temperature over 12 hours or by standing in water. Do not boil or microwave.

- It is best not to use bottles or artificial teats (dummies). Some babies find it difficult to suckle at the breast after using a dummy. Bottles are also difficult to clean and may have germs that can make your baby sick.
- If you are HIV-positive, remember to always take your HIV or antiretroviral treatment. This makes breastfeeding safe.
- Breastfeeding mothers should eat healthy food. They must not drink alcohol, smoke or take other harmful drugs.



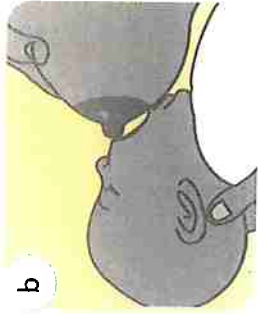
Bring your baby to the breast as opposed to leaning forward to stretch your breast into your baby's mouth. Support your baby's head and neck.



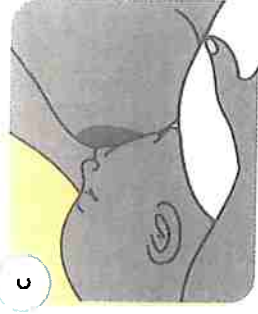
Place your thumb on the top part of where the dark ring around your nipple meets your breast. Place your remaining fingers below where the dark ring around your nipple meets your breast. To express milk, press your pointing finger and thumb together. Make sure that your hand is pushing your breast towards, and not away, from your body.

How long to store expressed breastmilk?

Temperature	Duration
Room temperature	Up to 8 hours
Fridge	Up to 6 days
Ice box freezer in fridge	3 months
Deep freezer (-18°C)	3-6 months



Let your baby's head tip back a little so their top lip can brush against your nipple.



Wait until your baby opens their mouth really wide with their tongue down. You can encourage them by gently stroking their top lip. Your baby needs to get a big mouthful of breast.

Remember:

Before you make the decision not to breastfeed, discuss the matter with a health worker. If you are really unable to breastfeed, you will need to learn how to use formula safely.

Why should I give only breastmilk during the first six months of life?

- Breastmilk contains all the nutrients your baby needs for the first 6 months of life.
- Baby's tummy (intestine/gut) is not yet ready for any other foods, water or other liquids before 6 months.
- Babies may get diarrhoea, constipation, infections and allergies if other foods, or other liquids – including water – are given before the baby is 6 months old.
- Breastmilk contains enough water to quench your baby's thirst during the first 6 months of life, even in hot weather.
- Breastmilk contains special properties that keep your baby healthy. Breastfeeding reduces the chance of your baby getting pneumonia and diarrhoea.
- Giving other foods before six months will cause you to produce less breast and your baby will not get all the nutrients they need to grow and develop we

For Health Workers...

- Babies only need breastmilk and nothing else during the first six months of life. This is called exclusive breastfeeding.
- Mothers need help to start breastfeeding immediately after birth.
- Mothers need support to continue breastfeeding successfully. Help them to get their baby to attach properly.
- Mothers who are not breastfeeding must be counselled on correct replacement feeding.



Quote Number: _____

Item Description: CARD ROAD TO HEALTH CHART (Boys & Girls)

Department/Section: SCM Purpose of Item: STOCK

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / No?

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? ~~Yes~~ / ~~No~~ **NO**
if Yes, specify: Date 08/02/2023 Time 8h:00 Place kwazulu NATAL HOSPITAL

1.3. Is local production and content part of the quote? Yes / No

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No

if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / No

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>Road to Health Girls</u>	
1. <u>STOCK COVER - Margari Matt 300 GSM (colour / Pink)</u>	
2. <u>TEXT - Margari Matt 128 GSM</u>	
3.	
4.	
5. <u>Size A5</u>	
6. <u>Pages 124 + COVER</u>	
7. <u>PRINT : process throughout</u>	
8.	
9. <u>Binding : saddle stitch</u>	
10.	
11.	
12. <u>Packaging Box of 250</u>	
13.	
14.	
15.	
16.	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 8h:00 Place kwazulu NATAL HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. Yes or No **NO**

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>HLANGWE Mella/Dr</u>	Name of SCM Rep (in full)	<u>Zogline</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN Clerk</u>	Designation / Rank (in full)	<u>S.C.C.</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>



Quote Number: _____

Item Description: ROAD HEALTH CHART BOYS

Department/Section: SCM Purpose of Item: STOCK

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / ~~No~~:

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? Yes / ~~No~~

if Yes, specify: Date 08 / 02 / 2023 Time Sh: 00 Place ZELA HOSPITAL

1.3. Is local production and content part of the quote? Yes / ~~No~~

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / ~~No~~

if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / ~~No~~

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>Road to Health Boys</u>	
1. <u>Stock cover: Mangari Matt 300 GSM Coloured green</u>	
2. <u>text - Mangari: Matt 128 GSM</u>	
3.	
4. <u>Size A5</u>	
5. <u>Pages: 24 + Cover</u>	
6.	
7. <u>Print: 4 process throughout</u>	
8.	
9. <u>Binding: Saddle Stich</u>	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

3. Does a sample need to be submitted? Yes / ~~No~~ (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08 / 02 / 2023 Time Sh: 00 Place ZELA HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)		Name of SCM Rep (in full)	<u>Zesilwe</u>
Designation / Rank (in full)		Designation / Rank (in full)	<u>S.C.C</u>
Signature		Signature	<u>[Signature]</u>
Date		Date	<u>08/02/2023</u>

INSTITUTION / INRIGTING

SURNAME / VAN

FIRST NAMES / VOORNAME

PROVINCE OF KWAZULU - NATAL
HEALTH SERVICES
RECORD COVER
REKORDOMSLAG

01

PATIENT NO.
PASIENT NO.

YEAR
JAAR

02

03

04

05

06

07

08

09

10

11

12



Quote Number: _____

Item Description: RECORD COVER

Department/Section: SCM

Purpose of Item: Stock

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / No:
Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? Yes / No NO
if Yes, specify: Date 08/02/2023 Time 8h00 Place Ceza Hospital

1.3. Is local production and content part of the quote? Yes / No
if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / No
if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>COVERS, Record Province of Kwazulu Natal</u>	
<u>1. Printed one side only in black. half a moon middle</u>	
<u>2. on the cover. Half in the middle on the middle</u>	
<u>3. on the top cover.</u>	
<u>4. Size: 450mm x 365mm</u>	
<u>Board: Craft Liner 225 GSM</u>	
<u>5.</u>	
<u>6. Made up as follows</u>	
<u>7. Score 3 (1 down centre and 2 down each other</u>	
<u>8. fold in (centre) 2 flaps folder and pasted onto main</u>	
<u>9. area top edge.</u>	
<u>10. Front cover label printed to show content and item number</u>	
<u>11. All printing on file must be in English language only.</u>	
<u>12. Front cover labelled printed to show content and item order</u>	
<u>13. All printing on file must be in English language only.</u>	
<u>14.</u>	
<u>15. Packing: 500 per packet 100 per packet 10 packet</u>	
<u>16. per box</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 08h00 Place Ceza Hospital

or

3.2. Specify that samples must be made available when requested in writing. Yes or No NO

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>Hlangwe Mkhize</u>	Name of SCM Rep (in full)	<u>Zegulwe</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN CLERK</u>	Designation / Rank (in full)	<u>S.C.C.</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: CARD FAMILY PLANNING (250 PER PKT)

Department/Section: SCM

Purpose of Item: STOCK

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBIA? Yes / No: NO
Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? Yes / No
if Yes, specify: Date 08/02/2023 Time 08 h Place CEZIT HOSPITAL

1.3. Is local production and content part of the quote? Yes / No: NO
if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No: NO
if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / No: NO
if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised		Comment
	<u>CARDS FAMILY PLANNING</u>	
	<u>PRINTED ON BOTH SIDE IN BLACK INK SIZE</u>	<u>35mm x 376mm</u>
1.	<u>BOARD E/10R LITRO 200 GSM</u>	
2.		
3.	<u>FRONT COVER labelled PRINTED TO SHOW CON</u>	<u>and item number</u>
4.		
5.	<u>ALL PRINTING of file must be in the</u>	<u>ENGLISH language only</u>
6.	<u>PACKING: 250 PER PACKET TO BE BOXED</u>	<u>IN A3 boxes</u>
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 8h Place CEZIT HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. Yes or No NO

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>HENRIQUE MATELOS</u>	Name of SCM Rep (in full)	<u>Zesulwe</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN CLERK</u>	Designation / Rank (in full)	<u>SUPPLY CHAIN CLERK</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: OUT PATIENT RECORD

Department/Section: SCM

Purpose of Item: stock

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / ~~No~~: NO

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? Yes / ~~No~~ NO

if Yes, specify: Date 08/02/2023 Time 08 hrs Place CORX HOSPITAL

1.3. Is local production and content part of the quote? Yes / ~~No~~

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / ~~No~~

if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / ~~No~~

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>FOLDERS, OUT PATIENT RECORD</u>	
1. <u>PRINTED ON BOTH SIDES IN BLACK INK</u>	
2. _____	
3. <u>SIZE 297 x 535mm</u>	
4. <u>BOARD BLUFF TO 424mm from left hand edge</u>	
<u>NOT FOLDED</u>	
5. <u>SCORED 2 down 203mm and 424 from left hand edge</u>	
6. <u>NOT folded.</u>	
7. <u>Punch 3 holes 2 holes to be equidistant from the top and</u>	
8. <u>bottom edge and 228mm from the edge of the front cover</u>	
9. <u>3rd hole from the top of border and centre fold.</u>	
10. _____	
11. <u>FRONT cover: labels printed to show contents and item number</u>	
12. _____	
13. <u>All printing on file must be in English language only</u>	
14. _____	
15. <u>PACKAGING 250 per packet.</u>	
16. _____	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 16hrs Place CORX HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. Yes or No NO

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>HEALTH SERVICES</u>	Name of SCM Rep (in full)	<u>Zesulwe</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN CLERK</u>	Designation / Rank (in full)	<u>S.C.C</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>

Prescription issued by:
(Institution)

Medicine to be collected at:
(Institution)

O.P. No.

Patient particulars		Classification		Category		Payment details							
Surname:	Sex:	HP	1 2 3	1									
First names:	Age:			2									
Address:				3									
Telephone:		Assessment	R _____	4									
				5									

- Any blocks relating to the prescription and/or repeat dates which are not utilised must be cancelled by the prescriber.
- In the event of any changes/alterations being required to the prescription, a new card must be issued and the old one cancelled and filed in the patient's folder.
- This repeat card is to be retained by the institution and is **NOT** to be issued to the patient.
- It is recommended that patients requiring more than six items should be seen monthly and a repeat should not be issued.
- The "Initial Prescription" column is optional and should be cancelled at those institutions where the prescription is written in the patient's folder.

Date:	Prescription	Repeat Date -->	Initial Prescription							
			Item No.	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	
	or equivalent	1								
	or equivalent	2								
	or equivalent	3								
	or equivalent	4								
	or equivalent	5								
	or equivalent	6								
Full signature of Medical Officer:		By								
Qualification:										
Items in excess of 5 authorised:		Authority: Restricted code items								
		Date Dispensed								
		Date Issued								



Quote Number: _____

Item Description: CARD PRESCRIPTION Repeat (250 per Pkct)

Department/Section: SEM

Purpose of Item: STOCK

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification CIDB AND GBI Yes / ~~No~~

Regulatory Body / certification required if Yes: YES

1.2. Is a compulsory site inspection / briefing session required? ~~Yes~~ / **NO**
if Yes, specify: Date 08/02/2023 Time 8:00 Place CEZA HOSPITAL

1.3. Is local production and content part of the quote? Yes / ~~No~~

if Yes, specify: YES

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / ~~No~~

if Yes, specify: BBBEE CERTIFICATE / SWORN AFFIDAVIT

1.5. Liability Cover insurance? Yes / ~~NO~~

if Yes, specify: YES

2. What is the specification of the required item?

List specifications to be advertised	Comment
<u>CARDS PRESCRIPTION REPEAT</u>	
1. <u>PRINTED ONE SIDE ONLY IN black INK</u>	
2. <u>SIZE: 210mm x 297mm</u>	
3. <u>BOARD: PINK TOKIT: 160 GSM (mill wanted)</u>	
4. <u>ALL PRINTING ON JTC MUST BE IN THE ENGLISH LANGUAGE ONLY</u>	
5. <u>PACKING: 250 PER PACKET: 10 packets per box</u>	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 08/02/2023 Time 5:00 Place CEZA HOSPITAL

or

3.2. Specify that samples must be made available when requested in writing. ~~Yes~~ or ~~No~~ **NO**

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

Name of End-user (in full)	<u>Hlangwa Mdla/OLU</u>	Name of SCM Rep (in full)	<u>Zesulwe</u>
Designation / Rank (in full)	<u>SUPPLY CHAIN clerk</u>	Designation / Rank (in full)	<u>S.C.C.</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>08/02/2023</u>	Date	<u>08/02/2023</u>